



UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 01306.000102
		First Named Inventor or Application Identifier YASUSHI KOIKE, ET AL.
		Express Mail Label No.

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
<div>1. <input checked="" type="checkbox"/> Fee Transmittal Form <small>(Submit an original, and a duplicate for fee processing)</small></div> <div>2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small></div> <div>3. <input checked="" type="checkbox"/> Specification Total Pages 19</div> <div>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets 7</div> <div>5. <input checked="" type="checkbox"/> Oath or Declaration Total Pages 2<div style="margin-left: 20px;">a. <input type="checkbox"/> Newly executed (original or copy)</div><div style="margin-left: 20px;">b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small><div style="margin-left: 20px;">i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></div></div></div> <div>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</div>	<div>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>)</div> <div>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small><div style="margin-left: 20px;">a. <input type="checkbox"/> Computer Readable Form (CRF)</div><div style="margin-left: 20px;">b. Specification Sequence Listing on:<div style="margin-left: 20px;">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</div><div style="margin-left: 20px;">ii. <input type="checkbox"/> paper</div></div><div style="margin-left: 20px;">c. <input type="checkbox"/> Statements verifying identity of above copies</div></div>	
ACCOMPANYING APPLICATION PARTS		
<div>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</div> <div>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small></div> <div>11. <input type="checkbox"/> English Translation Document <small>(if applicable)</small></div> <div>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</div> <div>13. <input type="checkbox"/> Preliminary Amendment</div> <div>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></div> <div>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></div> <div>16. <input type="checkbox"/> Other: _____</div>		

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No. ____/____

Prior application information: Examiner _____

Group/Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS				
<input checked="" type="checkbox"/> Customer Number or Bar Code Label	<div style="border: 1px solid black; padding: 2px;">05514</div> <small>(Insert Customer No. or Attach bar code label here)</small>	or	<input type="checkbox"/> Correspondence address below	
NAME _____				
Address _____				
City	State	Zip Code		
Country	Telephone	Fax		

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	19-20 =	0	X \$ 18.00 =	\$0.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	2-3 =	0	X \$ 84.00 =	\$0.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			\$280.00 =	\$280.00
				BASIC FEE (37 CFR 1.16(a))	\$750.00
			Total of above Calculations =		\$1030.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).				
	TOTAL =				\$1030.00

19. Small entity status

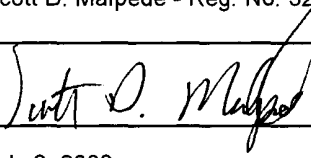
- a. ☐ A small entity statement is enclosed
- b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. ☐ Is no longer claimed.

20. ☒ A check in the amount of \$ 1030.00 to cover the filing fee is enclosed.

21. ☒ A check in the amount of \$ 40.00 to cover the recordal fee is enclosed.

22. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:

- a. ☒ Fees required under 37 CFR 1.16.
- b. ☐ Fees required under 37 CFR 1.17.
- c. ☐ Fees required under 37 CFR 1.18.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED	
NAME	Scott D. Malpede - Reg. No. 32,533
SIGNATURE	
DATE	July 3, 2003